

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH**2003 JAN 14 AM 8:00 **COVER SHEET PG 1****The C/OH INSTRUCTION GUIDE explains how to complete this form.****1 ACCOUNT #**
(Ethics Commission filers)**2 Total pages filed:****3 CANDIDATE /
OFFICEHOLDER
NAME**

TITLE FIRST MI
JESSE
NICKNAME LAST SUFFIX
"JAY" ALANIZ

OFFICE USE ONLY

Date Received

**4 CANDIDATE /
OFFICEHOLDER
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

1023 WAGNER SAN ANTONIO TX 78211

Date Hand-delivered or Date Postmarked

**5 CAMPAIGN
TREASURER
NAME**

TITLE FIRST MI
JOHN C.
NICKNAME LAST SUFFIX
ALANIZ

Receipt #

Amount

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1023 WAGNER SAN ANTONIO TEXAS 78211

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE PHONE NUMBER EXTENSION

(210) 287-4263

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month Day Year Month Day Year

12/16/2002 THROUGH 12/31/2002

10 ELECTIONELECTION DATE
Month Day Year

5/3/2003

ELECTION TYPE

☒ Primary ☐ Runoff ☐ General ☐ Special**11 OFFICE**

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

COUNCIL DIST #4

**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 14 AM 8:00

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

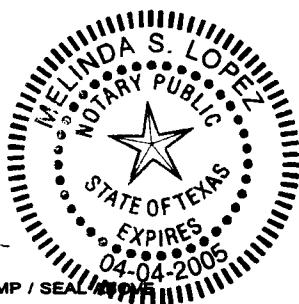
\$ 396.60

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jesse Alaniz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jesse Alaniz, this the 14th day of January, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath



**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 JAN 14 AM 8:00

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

JESSIE ALANIZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/1/16

5 Payee name

CITY OF SA

6 Payee address; City; State; Zip Code

CITY OF SAN ANTONIO

7 Purpose of expenditure (See instructions regarding type of information required.)

COFO APPLICATION CAMPAIGN HEADQUARTERS

8 Amount (\$)

\$ 171.60

☒ Reimbursement from political contributions intended

Date

12/1/19

Payee name

D. VALLEJO HEATING & AIR SERVICE

Payee address; City; State; Zip Code

P.O. BOX 200598 SAN ANTONIO TX 78220

Purpose of expenditure (See instructions regarding type of information required.)

REPAIR ON CAMPAIGN HEADQUARTERS

Amount (\$)

225.00

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

